

RECEIVED  
CENTRAL FAX CENTER

OFFICIAL

JUL 08 2004

MICHAEL SHIPPEY, PH.D.

LAW OFFICES OF  
KARLA SHIPPEY  
4848 LAKEVIEW AVENUE, SUITE B  
YORBA LINDA, CA 92886-3452



TOLL FREE: + (800) 693-9110  
TELEPHONE: + (714) 693-9110 /9175  
FACSIMILE: + (714) 693-7980  
EMAIL: MSHIPPEY@LAWWORDS.COM

FACSIMILE TRANSMISSION

**PLEASE DELIVER TO ADDRESSEE IMMEDIATELY**

CONFIDENTIALITY NOTICE: INFORMATION IN THIS MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE RECIPIENT(S) NAMED ABOVE. This message may be an Attorney-Client communication, or may be Attorney Work Product, and, as such is privileged and confidential. If the reader of this message is not an intended recipient or an agent responsible for delivering it to an intended recipient, you are hereby notified that you have received this message in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you received this message in error, please notify the sender and destroy this facsimile in entirety. Thank you.

TO: Ms. Monica Carter  
Art Unit 3722

FAX #: 1-703-872-9306

FROM: Michael Shippey

PAGE 1 OF 2 PAGE(S)  
(Including This Cover Page)

DATE: Wednesday, June 02, 2004

Regarding Application 10/698,658

Dear Ms. Carter,

Please find an executed Power of Attorney from the inventor, attached.

I would like to contact you by telephone this afternoon with a question about this application.  
Thus I wanted you to have the Power of Attorney in hand when I called.

With regards,

Michael Shippey

Registered Patent Agent # 45,588

RECEIVED  
CENTRAL FAX CENTER  
JUL 08 2004

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/678,658
Filing Date	
First Named Inventor	HYNEK, Paul Curtis
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	137.103

I hereby appoint:

☒ Practitioners at Customer Number  
OR

30,040 →

Place Customer  
Number Bar Code  
Label here☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

Country

Telephone

State

Zip

Fax

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Paul HYNEK
Signature	<i>Paul Hynek</i>
Date	7/07/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231